



Southern Ute Indian Tribe

Customer Service Form – Tribal Health

Please complete all that apply

Date _____ Time _____ Location _____

Customer Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Department or Organization Involved _____

Individual Involved _____

Request, Compliment or Complaint

If this is a complaint, how would you like to see this resolved?